

APPENDIX A

GLOSSARY
OF
TERMS AND ABBREVIATIONS

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Acute Care – See General Acute Care.

Acute Psychiatric Hospital (APH). A classification of hospital licensure, as defined by Subdivision (b) of Section 1250 of the California Health and Safety Code.

Alternative Birth Center (ABC). A clinic that is not part of a hospital and that provides comparative prenatal services and delivery care to pregnant women who remain less than 24 hours at the facility, as defined by Subdivision (a)(4) of Section 1204 of the California Health and Safety Code.

Ambulatory Care. All types of health services provided to patients who are not confined to a hospital bed as an inpatient during the time services are rendered. Ambulatory services are often referred to as outpatient services.

Ancillary Services. Inpatient services other than basic room and board and professional services. Included are radiology, pharmacy, laboratory, emergency room, and home health.

Approved. The data are below the Error Tolerance Level and has successfully passed the Formal data submission.

Average Length of Stay (ALOS). Average stay by days of all or a class of inpatients discharged over a given period, calculated by dividing the number of inpatient days by the number of discharges.

Bed hold. The holding of a patient's bed while the patient is on temporary leave or is admitted to acute care for a short stay.

Boarder. A person other than a patient, such as a parent, child, or spouse of an inpatient, who is temporarily housed in a hospital and who is not admitted to the hospital as an inpatient.

Centers for Medicare and Medicaid Services (*formerly Healthcare Financing Administration or HCFA*). Component of the U.S. Department of Health and Human Services that administers the Medicare program and certain aspects of the Medicaid (California's Medi-Cal) program.

CHAMPUS. Civilian Health and Medical Program for the Uniformed Services, now TRICARE.

CHAMPVA. Civilian Health and Medical Program for the Veterans Administration.

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Chemical Dependency Recovery Hospital. A health facility which provides 24-hr inpatient care for persons who have a dependency on alcohol or drugs. Care includes patient counseling, group and family therapy, physical conditioning, outpatient services, and dietetic services. The facility shall have a medical director who is a physician and surgeon licensed in California. See Subdivision (d) of Section 1250.3 of the California Health and Safety Code.

Clinic. A facility providing treatment to patients who do not require admission as inpatients.

Congregate Living Health Facility. Residential homes with a capacity of no more than six beds that provide inpatient care, medical supervision, and 24-hour skilled nursing care as defined by Subdivision (i) of Section 1250 of the California Health and Safety Code.

Consolidation. Two or more facilities are combined into a single licensed legal entity.

Designated Agent. An entity designated by the reporting facility to submit its data records to the Office's Patient Data Program through MIRCal.

Diagnosis Related Group (DRG). A classification scheme with which to categorize inpatients according to clinical coherence and expected resource intensity, as indicated by their diagnoses, procedures, age, sex, and disposition, and was established and is revised annually by the U.S. Department of Health and Human Services (DHHS) Centers for Medicare and Medicaid Services (CMS), formally known as the U.S. Health Care Financing Administration.

Diagnostic and Statistical Manual of Mental Disorders (DSM). Diagnostic and statistical classification system produced by and available from the American Psychiatric Association, Washington, D.C.

Discharge. An inpatient who: (1) is formally released from the care of the hospital and leaves the hospital, or (2) is transferred within the hospital from one type of care to another, as defined by Subsection (x) of Section 97212, or (3) leaves the hospital against medical advice, without a physician's order, or is a psychiatric patient who is discharged as away without leave (AWOL), or (4) has died.

Discharge Days. The total number of inpatient days between the admission and discharge dates of each patient. The day of admission but not the day of discharge is used in calculating discharge days. See Inpatient Days and Length of Stay.

Distinct Part. An identifiable unit accommodating beds and related facilities including, but not limited to, contiguous rooms, a wing, floor or building that is approved by the State Department of Health Services for a specific purpose, as defined by Section 70027 of the California Code of Regulations.

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E-codes. Supplementary Classification of ICD-9-CM, containing codes for external causes of injury and poisoning.

Emergency Department. The location in which emergency medical services are provided as specified in Subsection (c) of Section 128700 of the health and Safety Code. This includes emergency departments providing standby, basic, or comprehensive services.

Error. Any record found to have an invalid entry or to contain incomplete or illogical data.

Error Tolerance Level (ETL). The percentage of errors that a facility's data must be at or below in order for the data to be approved by OSHPD.

Exclusive Provider Organization (EPO). Identical to a PPO from which the phrase was derived, except that persons enrolled in the plan are eligible to receive benefits only when they use the services of the contracting providers.

Facility Identification Number. A unique six-digit number that is assigned to each reporting facility and used to identify the facility.

Freestanding. Not part of a hospital (neither structurally connected to nor organizationally considered part of a hospital); not hospital-based.

General Acute Care. Services provided to inpatient (on the basis of physicians' orders and approved nursing care plans) who are in an acute phase of illness but not to the degree which requires the concentrated and continuous observation and care provided in the intensive care centers.

General Acute Care Hospital (GACH). A classification of hospital licensure, as defined by Subdivision (a) of Section 1250 of the California Health and Safety Code.

Geographic Origin. The geographic area of a patient, determined by a patient's ZIP Code. The ZIP Codes are then grouped by county, HFPA, and HSA.

Health Facility Planning Area (HFPA). A geographic area that is a subdivision of an HSA, which are used for determining existing and needed hospital facilities and services.

Health Maintenance Organization (HMO). A healthcare organization that in return for prospective per capita (capitation) payments, acts as both insurer and provider of comprehensive but specified medical services. A defined set of physicians provide services to a voluntarily enrolled population.

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Health Service Area (HSA). A geographic area consisting of one or more contiguous counties, previously designated by the U.S. Department of Health and Human Services for health planning on a regional basis.

Hill-Burton. A program of federal support for construction of hospitals and other health facilities which is no longer in existence. Some hospitals have a remaining community service obligation to provide free or community services.

Home Health Services. Healthcare provided to patients at their place of residence, at a level less intensive than health facility requirements. Services may include, but are not limited to, nursing care, intravenous therapy, respiratory/inhalation therapy, electrocardiology, physical therapy, occupational and recreational therapy, and hospice services.

Hospice. A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

Hospital-based. Part of a hospital (either structurally or organizationally); not freestanding.

Hospital Inpatient Profile (HIP) Report. Semiannual reporting period summary of the data elements reported to OSHPD for patients discharged by each California hospital.

Inpatient. A baby born alive in a hospital or a person who was formally admitted to a hospital for observation, diagnosis, or treatment, with the expectation of remaining overnight or longer.

Institution for Mental Disease (IMD). A federal designation and not a California Department of Health Services License category. Most IMDs are licensed by the California Department of Health Services as skilled nursing facilities.

Intermediate Care. Care that does not meet the standards for skilled nursing care, but is still nursing care and is still classified as a health service. An intermediate care facility is defined by Section 1250 (d) of the Health and Safety Code.

Intermediate Care Facility (ICF). A health facility or a distinct part of a hospital or SNF that provides inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous nursing care, as defined in Subsection (d) of Section 1250 of the California Health and Safety Code.

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). Published by the U.S. Department of Health and Human Services

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based on the official version of the World Health Organization's ICD-9 and designed for Classification of morbidity and mortality information for statistical reporting and retrieval purposes.

Length of Stay (LOS). The duration of an inpatient's stay in a hospital, which is calculated by subtracting the date of admission from the date of discharge. A patient admitted and discharged on the same day has a calculated LOS of one day.

Licensed Beds. The maximum number of beds a hospital or health facility is licensed to operate for inpatient medical services.

Licensee. An entity that has been issued a license to operate a hospital, as defined by Subdivision (c) of Section 128700 of the California Health and Safety Code.

Major Diagnostic Category (MDC). Groupings of inpatients into major clinical categories based on organ systems and disease etiology, as established and maintained by CMS.

Managed Care. A healthcare plan (e.g., HMO, PPO) that attempts to manage or control spending and costs by closely monitoring how doctors treat patients. To keep costs down, these plans may limit referrals to specialists and require pre-authorization for services.

Medicaid. A federally aided, state-operated and administered program that provides medical benefits for certain low income persons in need of health and medical care, authorized by Title XIX of the Social Security Act and Title I of the Federal Medicare Act.

Medi-Cal. A federally-aided, state operated and administered program which provides medical benefits for certain low-income persons. This is California's version of the federal Medicaid program.

Medicare. A nationwide health insurance program for persons aged 65 and older, for persons who have been eligible for social security disability payments for more than two years, and for certain workers and their dependents who need kidney transplantation or dialysis, authorized by Title XVIII of the Social Security Act.

Mental Health Rehabilitation Centers (MHRC). Licensed by the California Department of Mental Health (a pilot program). The California Department of Mental Health equates this designation to the California Department of Social Services designation of residential care facilities.

MIRCal. Medical Information Reporting for California system. Online transmission system through which reports are submitted using an Internet web browser either

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by file transfer or data entry. It is a secure means of electronic transmission of data and allows facilities to edit and correct their data.

MIRCal Expanded Phase. The Expanded Phase collects data from California Emergency Departments, hospital-based Ambulatory Surgery Clinics, and Free-standing Ambulatory Surgery Clinics.

Newborn. An infant, born alive in this hospital.

Nursing Facility. Health facility certified to participate as a provider of care either as a skilled nursing facility in the federal Medicare program under Title XVIII of the federal Social Security Act, or as a nursing facility in the federal Medicaid program under Title XIX of the federal Social Security Act, or as both, as defined in Subdivision (k) of Section 1250 of the California Health and Safety Code.

Observation. The following description for observation of patient to determine need for inpatient admission is obtained from the Medicare and Medicaid Guide, Part B Coverage, Paragraph 3120.55:

“Observation of patient to determine need for inpatient admission.—In summary, HCFA guidelines provide the following description of out-patient observation services:

Observation services are as those services furnished on a hospital's premises and include the use of a bed and periodic monitoring by a hospital's nursing or other staff. Such services may be reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient...”

Outpatient. A individual who receives healthcare services in a hospital or other healthcare facility without being admitted as an inpatient and does not remain over 24 hours, or a patient who receives healthcare services in a freestanding ambulatory surgery clinic.

Preferred Provider Organization (PPO). A previously negotiated arrangement between purchasers and providers to furnish specified health services to a group of employees/patients. An insurance company or employer negotiates discounted fees with networks of healthcare providers in return for guaranteeing a certain volume of patients.

Prepaid Health Plan (PHP). Generally, a contract between an insurer and a subscriber or group of subscribers whereby the PHP provides a specified set of health benefits in return for a periodic premium.

Psychiatric Care. Care rendered in an acute psychiatric hospital, in a PHF, or in an acute psychiatric bed in a GACH. A classification of hospital licensure and

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hospital beds, as defined by Sections 1250, 1250.1, and 1250.2 of the California Health and Safety Code.

Psychiatric Health Facility (PHF). Defined by Section 1250.2 of the California Health and Safety Code. PHF's contain beds classified as acute psychiatric beds and deliver psychiatric care.

Record. A record is defined as the set of data elements specified in Subsection (g) of Section 128735, Subsection (a) of Section 128736, or Subsection (a) of Section 128737 of the Health and Safety Code, for one discharge or for one encounter.

Record Linkage Number (RLN). A nine-digit alphanumeric identifier that allows for accurate linkage of a patient's multiple discharges over a period of time and across different facilities.

Report. The collection of all Hospital Discharge Abstract Data Records, or all Emergency Care Data Records, or all Ambulatory Surgery Data Records required to be submitted by a reporting facility for one reporting period. A report contains only one type of record.

Reporting Facility. A hospital, emergency department, or ambulatory surgery clinic required to submit their data as specified in Sections 128735 through 128737 of the California Health and Safety Code.

Residential Care. 24-hour care in facilities licensed by the Department of Social Services that provide for the maintenance and subsistence of persons with long-term mental or other disabilities. Services provided include personal assistance, personal hygiene, monitoring of prescribed medication, supervision, and provision of social and recreational activities. Medication and nursing are not included.

Skilled Nursing Facility (SNF). A health facility that provides skilled nursing care and supportive care to patients whose primary need is for skilled nursing care on an extended basis, as defined by Section 1250 of the California Health and Safety Code.

Skilled Nursing/Intermediate Care (SN/IC). Nursing and personal care services provided over an extended period to persons who require convalescence, custodial care, and/or who are chronically ill, aged, or disabled. These type of care beds may be found as distinct parts in GACHs and in APHs.

Social Security Number (SSN). The number assigned by the U.S. Social Security Administration, to maintain permanent and accurate earnings records of persons whose employment is covered by the Social Security program.

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Standard Nomenclature of Diseases and Operations (SNODO). A nomenclature system in which each disease is classified to both anatomical location and etiology.

Sub-Acute Care. A level of reimbursement established within the Medi-Cal program. Adult and pediatric sub-acute level of care refers to very intensive, licensed, skilled nursing care provided in Distinct-Part/Nursing Facilities Level B (DP/NF-B) in acute care hospitals or in Free-standing Nursing Facilities Level B (FS/NF-B) to patients who have a fragile medical condition. Beds designated for either adult or pediatric sub-acute care cannot be used for swing beds. Sub-acute care may also be provided in acute care beds.

Swing Beds. Hospital-based acute care beds that may be used flexibly to serve as skilled nursing care beds.

Title V. Defined in Title V of the Federal Medicare Act (PL 89-97) for maternal and child health. This is administered by Health Resources and Services Administration, Public Health Service, Department of Health and Human Services.

Transmittal Information. The information that specifically identifies the contents in the report being submitted (facility identification number, report period and number of records).

Transitional Care. A level of reimbursement established within the Medi-Cal program. A level of care for eligible recipients in qualifying health facilities who require short-term medically complex or intensive rehabilitative services, or both. Prior authorization is required before transitional care may be rendered. Transitional care may be rendered by:

- General acute care hospitals
- Distinct-Part Nursing Facility Level B of general acute care hospitals (DP/NF-B)
- Free-standing Nursing Facility Level B (FS/NF-B)

TRICARE. Current name for the Civilian Health and Medical Program for the Uniformed Services, formerly CHAMPUS. "TRI" represents the three primary branches of the armed forces, Army, Navy, and Air Force.

Type of Care (TOC). One of the following, as defined by Subsection (i) of Section 97212 of the California Code of Regulations:

- Skilled nursing/intermediate care
- Physical rehabilitation care
- Psychiatric care
- Chemical dependency recovery care
- Acute care

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Uniform Hospital Discharge Data Set (UHDDS). The hospital discharge data set periodically issued by the U.S. Department of Health and Human Services.

V-codes. Supplementary Classification of ICD-9-CM, containing factors influencing health status and contact with health services.

ZIP Code. A code applied to geographic areas by the U.S. Postal Service for efficiency in delivering mail. Thus, a ZIP Code may cut across civil boundaries (such as counties), and are likely to observe natural geographic features, such as rivers and mountain ranges.